FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
ı Virginia Banke	ers Association Federal PAC		
	. 4400 Cox Bood		
ADDRESS (number and	street) 4490 Cox Road		
X (Check if addr	ess		
is changed)	Glen Allen		VA 23060 - 1
		CITY	STATE▲ ZIP CODE ▲
committee's e-mai			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 804-643-6308	NUMBER		
2. DATE 1.0	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00101626	
4. IS THIS STATEM	MENT X NEW (N) OF	AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete
Type or Print Name of	TreasurerBruce T. Whit	ehurst	
Signature of Treasurer	Electronically Filed by Bruce	Γ. Whitehurst	Date 10 / DD / YYYYY
NOTE: Submission of fa		may subject the person signing this SI	atement to the penalties of 2 U.S.C. S437g. O WITHIN 10 DAYS
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953	ission FEC FORINI 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the conformation below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,etc.) Party.
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	and or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	American Bankers Association PAC	
L		
	Mailing Address 1120 Connecticut Ave, NW	
	Washington DC 20	036
	CITY▲ STATE ▲	ZIP CODE A
	Relationship Affiliated Committee	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	ion
	Membership Organization Trade Association Cooperative	

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Write or Type Commi			
	ers Association Federal PAC		
	ords: Identify by name, address, (phone number committee books and records.	optional), and position of th	ne person in
Full Name	Bobbi Weimer		
Mailing Address	4490 Cox Road		
	Glen Allen		23060 _
Title or Position ▼	CITY A	STATE	ZIP CODE A
		Telephone number	
Full Name of Treasurer Mailing Address	Bruce T. Whitehurst 4490 Cox Road		
	Glen Allen		23060
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Telephone number	
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.				
	Name of Bank, Depository, etc.				
	Branch	Banking & Trust			
	Mailing Address	823 E Main Street			
		Richmond VA 2321	9 -		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

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Membership Organization

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Banks or Other Depositoric safety deposit boxes or maint Name of Bank, Depository, et	tains funds.	ee deposits funds, holds accounts, rents	
Mailing Address			
			_
	CITY △	STATE △ ZIP CODE △	
Name of Any Connected C	Organization or Affiliated Committee	[ADDITIONAL]	
Virginia Bankers Assoc	ciation		
Mailing Address	4490 Cox Road		
	Glen Allen	VA 23060 _	
	CITYA	STATE ▲ ZIP CODE ▲	
Relationship Conn	ected Organization		
Type of Connected Organiza	ation:		
Corporation	Corporation w/o Capital Stock	Labor Organization	

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY &	STATE▲ Telephone number	ZIP CODE A

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Banks or Other Deposito safety deposit boxes or mai Name of Bank, Depository,	ntains funds.	depositories in which the committe		ccounts, rents
1				
Mailing Address				
Mailing Address				
	C	ITY △	STATE △	ZIP CODE △
Name of Any Connected	Organization or Affiliated Co	ommittee	[A	DDITIONAL]
1			•	-
Mailing Address				
	(CITYA	STATE A	ZIP CODE A
Relationship				1
Type of Connected Organi	zation:			
Corporation	Co	rporation w/o Capital Stock	Labor Organ	ization
Membership Orga	anization Tra	ade Association	Cooperative	

Designated Agent		[ADDITIONAL]	
Full Name			
Title or Position ▼	CITY A		
		elephone number	